



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 13, 2019

Ms. Constance Leach, Manager
Eastview At Middlebury
100 Eastview Terrace
Middlebury, VT 05753-9327

Dear Ms. Leach:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 30, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2019
NAME OF PROVIDER OR SUPPLIER EASTVIEW AT MIDDLEBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753		
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	R100. Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection, in conjunction with an investigation of two entity reported incidents, between 1/29 and 1/30/19. There were regulatory findings with both the entity reported incidents and the re-licensure survey.	R100		
R101 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to request a level of variance for care for two of six residents, Resident #3 and 4. Findings include: 1. Resident #3 has documented behaviors of initiating resident to resident altercations and requiring 1:1 (one staff member for one resident) care on two separate occasions. Per staff interviews, Resident #3 has to be monitored at all times to insure that his/her behaviors are not directed toward other residents. There is also documentation that Resident #3 requires at least two persons for bathing. 2. Review of the medical record for Resident #4 requires s/he requires two persons for all	R101	Pertaining to V. RESIDENT CARE AND HOME SERVICES 5.1 Eligibility: In order to retain Resident #3, whose care needs has increased due to behaviors, EastView submitted a request for a Variance to DAIL on 2/8/19. Subsequent to this request, an additional behavior occurred that required temporary relocation of Resident #3 to the hospital until a permanent relocation could be secured in a community licensed to provide a higher level of care support. Resident #3 now resides at The Arbors. In order to retain Resident #4, whose care needs have increased recently due to diminishing strength, EastView submitted a request for a Variance to DAIL on 2/8/19, to allow EV to continue to provide care, including on-going 2-person assists when transferring Resident #4. EastView is awaiting a response. See Attachment 1 which contains the FAXCover Sheet for the two Variance requests to DAIL submitted on 2/8/19.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Constance A. Leach

Executive Director, Manager

2-21-19

STATE FORM

6499

321T11

If continuation sheet 1 of 7

R101 - R302 POCs accepted 3/7/19 BBordeIRN/PM

Division of Licensing and Protection

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R101	Continued From page 1 transfers secondary to a leg amputation. Per interview with the Registered Nurse on 1/30/19 at 12:45 PM, s/he confirmed that the residents do not have variances and that sometimes it requires more than two staff members to provide care to Resident #3 and it requires two staff members to transfer Resident #4.	R101			
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to complete an annual assessment for one of six residents, Resident #4. Findings include: Resident #4 was admitted to the facility 10/16/17 and the initial assessment was completed by the Registered Nurse on 10/23/17. There is no evidence, from the record review, that another assessment had been completed. The Registered Nurse confirmed on 1/29/19 at 12:45 PM, that the annual assessment for Resident #4 had not been completed as required.	R136	Pertaining to V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment: Going forward, both initial assessments and annual assessments for EastView residents will be completed on the State of Vermont DAIL electronic documentation form, which will also be copied and saved to Resident's individual and confidential electronic folder. The most current copy will be signed by RN/DNS and placed in the chart. This will eliminate the situation that was discovered during the Survey that the Nurse was still required in the Annual Assessment document to initial areas of the document where no changes or events occurred.		

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R200 SS=D	Continued From page 2 V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have a policy regarding monitoring a resident with behaviors. Findings include: During an interview on 1/30/19 at 12:45 PM with the Registered Nurse, s/he stated that Resident #3 had been placed on 1:1 (one staff member for one resident) following a resident to resident altercation that s/he had initiated. After reviewing the facility policies, s/he further stated that there is no policy for monitoring residents with behaviors and there is no indication of what 1:1 consists of, the length of time that the resident will be on 1:1 and the evaluating the effectiveness.	R200 R200	Pertaining to RESIDENT CARE AND HOME SERVICES 5.15 Policies: In Attachment 2, EastView is providing a document that has been in use within our community for many years Managing Difficult Behaviors . Within this document are six policies that guide our staff. These policies, initiated in 2015, were in place and being utilized by care staff at the time of the survey. Also included in Attachment 2 is a Behavior Management Plan generated for Resident #3 prior to the date of the Survey. As a result of the Survey, we have created one additional policy to define use of One on One Care when certain behavior trends present and have not been adequately managed by other means. See Attachment 3: Policy for 1:1 Resident Care and the Behavioral Management Log Form that is a tool to assist nursing in assessing the need for 1:1 Resident Care and how and when this specialized care is needed.	
R224 SS=D	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by:	R224	In reference to VI. Residents' Rights 6.12: EastView recognizes its responsibility to keep Resident #1 and #2 (and all our residents) free from physical abuse. See Attachment 4 Resident Abuse which was used in addition to utilizing the Policies and Tools connected with EastView's Managing Difficult Behaviors document, Resident #1 chose to lock her door when she was in her room and at night to sleep. Stop signs were	

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R224	Continued From page 3 Based on resident and staff interview and record review, the facility failed to ensure that two residents, Resident #1 and #2 were free from physical abuse. Findings include: 1. During an interview with Resident #1 on 1/30/19 at 9:15 AM, s/he stated that near the end of November of last year, Resident #3, grabbed their arm and pulled them toward him/her and proceeded to punch Resident #1 in the stomach. Resident #1 stated that it was reported but s/he was told that it was because Resident #3 was 'new and didn't know what they are doing'. Resident #1 further stated that on a separate occasion, Resident #3 had grabbed her by the arm and s/he is fearful of him/her and doesn't feel safe around them. The Registered Nurse (RN) confirmed in an interview at 12:45 PM on 1/30/19, that Resident #3 had punched Resident #1 and after the incident was placed on 1:1 (one staff member for one resident) supervision. 2. Review of the entity reported incident for Resident #2 presents that in December 2018 (a month after the incident with Resident #1), Resident #3 came up to Resident #2 and began to hit him/her on the arm, the care giver left Resident #2 and #3 alone to get help and during that time, Resident #3 punched Resident #2 in the stomach. Confirmations was made during an interview with the RN on 1/30/19 at 12:45 PM that Resident #3 was no longer on 1:1 monitoring and staff should not have left the two residents alone. S/he further stated that Resident #3 had been exhibiting combative behavior with staff and had several medication adjustments prior to the second incident. S/he confirmed that the facility did not protect Resident #1 and #2 from physical altercations with Resident #3.	R224	also used to deter entry. Resident #3 was placed with 1:1 resident care during documented times of high agitation or unsettled behavior and proactively when difficult behaviors manifested. In addition, training with the DNS & Nursing staff has been scheduled for early March for care staff as well as non-care staff including dining servers, program assistants, maintenance and housekeepers to review Resident Rights and Safety protocols, and recommended procedures relative to Resident Issues. New hires receive this training as part of their orientation.	

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R227	Continued From page 4	R227		
R227 SS=D	<p>VI. RESIDENTS' RIGHTS</p> <p>6.15 Residents have the right to refuse care to the extent allowed by law. This includes the right to discharge himself or herself from the home. The home must fully inform the resident of the consequences of refusing care. If the resident makes a fully informed decision to refuse care, the home must respect that decision and is absolved of further responsibility. If the refusal of care will result in a resident's needs increasing beyond what the home is licensed to provide, or will result in the home being in violation of these regulations, the home may issue the resident a thirty (30) day notice of discharge in accordance with section 5.3.a of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that one of six residents in the sample had the right to refuse care, Resident #3. Findings include:</p> <p>Resident #3 has diagnosis that includes Alzheimer's with behavioral disturbances, hearing loss, anxiety, agitation and depression. Per review of a facility reported incident that occurred in December of 2018, the Registered Nurse (RN) stated that the resident "remains difficult to provide personal hygiene and it takes up to 5 [five] staff to bathe". Interview with the RN at 12:45 PM, during an on-site visit on 1/30/19, s/he stated that the resident would be combative with staff and would be in need of personal hygiene and it would sometimes take three to five staff members to provide the care. S/he also</p>	R227	<p>Pertaining to VI. Residents' Rights 6.15, specifically the Right to Refuse: EastView will fully discuss with the resident and his/her POA/Guardian/Health Care Agent/ Surrogate of both the individual's right to refuse care as well as the possible consequences of doing so. EastView has created a Policy on "Resident's Right to Refuse when afflicted with Dementia or Behavioral Disturbances, including refusal by appointed or designated POA/ Guardian/Health Care Agent/Surrogate. See Attachment 5.</p> <p>Resident 3 is not able and has not been able to verbalize needs. The designated Guardian would advise and assist EastView in personal care. EastView was asked by the guardian to provide personal care when Resident #3 would be soiled. Three staff would tag off, redirect, and distract while others would provide personal care, one to two nurses would be present to observe/support for safety and to assess appropriateness of current plan of care relative to any developing issues as a result of limited personal care due to resident's refusal. At no time was Resident #3 harmed.</p>	

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R227	Continued From page 5		R227		
	confirmed at this time that the Resident #3 would also tell the staff that s/he did not want the care to be done. Per the RN, s/he stated that it was felt that the hygiene had to be provided and that other methods of approach could have been used to get the task completed.				
R250 SS=E	VII. NUTRITION AND FOOD SERVICES		R250		
	7.2 Food Safety and Sanitation				
	7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.				
	This REQUIREMENT is not met as evidenced by: Based on observation and staff confirmation, the facility failed to ensure removal of dented cans from current stock to be used for resident consumption. Findings include:			In reference to VII. Nutrition and Food Services 7.2e: EastView's Director of Dining Services will inspect all new cases of canned foods when accessing the canned food products. This inspection includes checking for dented unlabeled or outdated cans. Any such cans will be immediately removed and placed in a locked cage in the delivery room for return. The box will be clearly labeled: RETURNS - NOT FOR CONSUMPTION.	
	During tour of kitchen on 1/29/19, there were canned foods that would be used in meal preparation for the residents that were dented. Upon further review, there were six dented cans and one can without a label and per confirmation from the Food Service Director on 1/29/19 at 11:15 AM, the cans should have been removed from service and set aside.			None of the reviewed residents were found to be negatively affected by this deficient practice as noted on the day of the Survey.	
R302 SS=D	IX. PHYSICAL PLANT		R302		
	9.11 Disaster and Emergency Preparedness				
	9.11.c Each home shall have in effect, and available to staff and residents, written copies of				

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R302	Continued From page 6 a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff confirmation and record review, the facility failed to ensure that fire drills were conducted by the facility at least quarterly and at alternating times as required. Findings include: During review of the fire drills conducted by the facility for the past twelve months, there is no evidence that a fire drill was conducted at least quarterly. There is no evidence that there was a fire drill conducted during the third quarter (from July to September of 2018). There is no evidence that a fire drill was conducted during the evening hours during the review period. The manager confirmed on 1/29/18 at 2:25 PM that the requirements for conducting fire drills was not met.	R302	In reference to IX. PHYSICAL PLANT, 9.11 Disaster and Emergency Preparedness, and in particular Fire Drills, effective immediately, the EastView Leadership Team assumes responsibility for overseeing quarterly fire drills at rotated times of day including morning, afternoon, evening and night to maximize familiarity and training opportunities for all staff. With each fire drill a report log will be completed and added to our Fire Drill binder that houses our training records. Date, time, location of each drill and the names of participating staff and residents will be recorded. At the beginning of each quarter, the EastView Leadership Team will assign a Director or Manager to oversee the Fire Drill for each of the next three months and indicate the time of day to hold the drill. The actual day of the drill is up to the assigned Manager who may develop the drill with the assistance of others. Most drills will be unannounced in advance of the event. Within a week of the drill, the Leadership Team will debrief on the drill and the Manager who guided the drill will provide a written debrief from the drill which will be available for staff and residents who were not present at the time of the drill to also benefit from the training experience. None of the reviewed residents were found to be negatively affected by this deficient practice.		

ATTACHMENT 1

Fax Cover Sheets for 2 DAIL Variance requests

ATTACHMENT 2

- a) Managing Difficult Behaviors
- b) Behavior Management Plan - *removed from accepted POC due to resident information*

ATTACHMENT 3

- a) 1:1 Resident Care policy
- b) Behavioral Assessment Log form

ATTACHMENT 4

Resident Abuse

ATTACHMENT 5

Resident's Right to Refuse when afflicted with Dementia or Behavior Disturbances policy

ATTACHMENT 6

Fire Drill Training/Log

* * * Communication Result Report (Feb. 8. 2019 3:32PM) * * *

13

Date/Time: Feb. 8. 2019 3:22PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1626 Memory TX	18022410343	P. 26	OK	

Reason for error
 E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax



100 East View Terrace
 Middlebury VT 05753
 Main #: 802 989 7500

FAX COVER SHEETDate: 2/8/19Fax from: Andrea Masse RN Director of Health ServicesFax to #: 802-241-0343

Attention: Vermont Department of Disabilities, Aging and
 Independent Living

Number of sheets (including cover sheet): 25

Message:

I have enclosed a Variance request for retention of a resident
 here at EastView in Middlebury, Vermont.

Thank you,

Andrea Masse RN

ATTACHMENT 1

Fax Cover Sheets for 2 DAIL Variance requests

* * * Communication Result Report (Feb. 8. 2019 3:43PM) * * *

1)
2)

Date/Time: Feb. 8. 2019 3:23PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1627 Memory TX	18022410343	P. 25	OK	

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
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100 East View Terrace
Middlebury VT 05753
Main #: 802 989 7500

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Attention: Vermont Department of Disabilities, Aging and
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Thank you,

Andrea Masse RN



MEADOWSWEET

&

GARDENSONG

MANAGING

DIFFICULT BEHAVIORS

BEHAVIORAL MANAGEMENT PHILOSOPHY STATEMENT	2
INAPPROPRIATE BEHAVIORS	4
BEHAVIORAL MANAGEMENT PLANS	6
NEGOTIATED RISK AGREEMENTS	8
WANDERING	10
MISSING RESIDENT/ELOPEMENT	12
RESTRAINTS	15

ATTACHMENT 2

- a) Managing Difficult Behaviors
- b) Behavior Management Plan



**MeadowSweet & GardenSong
BEHAVIORAL MANAGEMENT
Philosophy Statement**

STATEMENT

The Alzheimer's disease process and other forms of dementia cause physiological and biological changes in the brain. These changes are noticed in symptoms: word-finding, loss of mobility, inability to provide self-care, and even behavioral symptoms such as anxiety, agitation, and combativeness. When managing the behavioral symptoms of dementia, we always consider other causes first before concluding that the disease process itself is the cause.

Our process for managing behavioral symptoms is through utilization of the Alzheimer's Association's CARES approach. EastView will focus on balancing an active and meaningful day with nurturing care and thoughtfully designed surroundings that provide comfort, warmth and familiarity to our residents and their families.

C **ONNECT** with the person (communicate or do something meaningful with the person)

A **SSESS** behavior (ask yourself what the person's behavior means)

R **ESPOND** Appropriately (try the best approach based on your assessment)

E **VALUATE** what works (Look to see if the person responds positively)

S **HARE** with others (Tell the EastView Team members, family, and friends what worked!)

When a behavioral symptom is noted, we must discern the cause of the behavior. Sometimes it may be difficult for staff to identify the cause (or trigger) but there usually is one.

Areas of identification are:

1. **Environment:**

- Too Hot, Too Cold, Too Loud, Too Boring
- Is anyone else contributing to agitation/anxiety?
- Assess lighting, smells, etc.
- Use all your senses when assessing the environment



2. Task:
 - Was the task beyond the residents' ability and/or was the behavioral symptom a consequence of frustration?
3. Communication:
 - Was the communication beyond the residents' ability to understand?
 - Were physical cues and gestures used?
 - Was the resident approached in a non-threatening manner and addressed by name?
4. Comfort Level:
 - Was the resident hungry, thirsty, too hot or too cold?
 - Needing to use the bathroom?
 - What was the emotional comfort level prior to the incident?
 - Is there a pattern in time of incidents?
5. Medical Assessment:
 - Was the resident experiencing pain?
 - Could he/she have a UTI (frequent cause of sudden behavior change) or be constipated?

When a behavioral symptom does occur, it must be managed with regard to the safety of the resident involved, other residents, visitors, and staff. Each behavioral symptom must be dealt with individually, but some basic techniques must always be observed.

- If the resident appears to be acting frustrated, frightened, helpless, angry, and/or out of control. Do not further overwhelm them with noise and confusion.
- Use staff known and trusted by the resident.
- Isolate the resident if necessary.
- Approach in a calm, non-threatening manner.
- Be aware of where you are in relation to the environment – assess for safety.
- Listen to emotions being expressed.
- Use touch only if safe and appropriate.
- Further interventions are individual according to care plan.
- Call additional staff if needed.



**MeadowSweet & GardenSong
INAPPROPRIATE BEHAVIORS**

POLICY: Staff at EastView will monitor for and respond to inappropriate or difficult-to-manage behavior in a timely manner and according to established procedures.

PROCEDURES:

1. Some residents living at the MeadowSweet or GardenSong may at times exhibit inappropriate behavior (i.e., behavior that is not socially acceptable). Such behavior may take a variety of forms. Examples of inappropriate behavior include:

- Taking food from the plates of other residents
- Taking dentures out and setting them on a dining room table
- Spitting out food while eating in the dining room
- Inappropriate grabbing or touching of staff members and/or others
- Speaking to staff members and/or others in sexually suggestive or explicit terms
- Undressing or otherwise exposing oneself in a public area
- Dressing in inappropriate attire in common areas (e.g., in a nightgown or underclothes)
- Turning doorknobs, entering other residents' apartments and/or knocking on other residents' apartment doors
- Gossiping in a malicious way about other residents or staff members
- Disrupting scheduled activities at EastView
- Provoking arguments with other residents or with staff members

2. Inappropriate behavior may have a variety of causes and contributing factors. For example, the behavior may:

- Be the result of Alzheimer's disease or another form of dementia. That is, the resident may not be aware of his/her behavior or may be unaware that the behavior is inappropriate.
- Be associated with a psychiatric disorder such as schizophrenia.
- Stem from a cognitive and/or physiological impairment (e.g., from a stroke).
- Be associated with a substance abuse problem (e.g., alcohol or drugs).
- Be a behavior in which the resident engages to gain some form of positive reinforcement (e.g., attention from staff, family and/or other residents).



3. When a resident engages in inappropriate behavior, address the behavior immediately. If the resident is alert and cognizant of his/her behavior, the nurse should discuss the inappropriate behavior directly with the resident/family and explain to him/her why such behavior is not acceptable. This should be done in a manner and in a setting that will respect the privacy and dignity of the resident. Document both the behavior and the ensuing conversation with the resident in his/her Progress notes.
4. If the behavior continues after the RN has addressed the situation with the resident, he/she should speak with the resident again regarding the behavior. If this is still unsuccessful in stopping the behavior, and staff feel that consulting the resident's family member(s) may be helpful, ask the resident for his/her permission to do so. Make appropriate documentation in the resident's Progress notes.
5. Some residents may be unaware that their behavior is inappropriate and/or may be unable to control the behavior. In such a case, try to redirect the resident who is engaging in the behavior. Utilize the CARES approach.
 - **C** – Connect with the resident (communicate or do something meaningful with the person)
 - **A** – Assess behavior (ask yourself what the person's behavior means)
 - **R** – Respond appropriately (try the best approach based on your assessment)
 - **E** – Evaluate what works (look to see if the person responds positively)
 - **S** – Share with others (Tell the EastView Team members, family, and friends what worked or didn't work)
6. Document the incident in the resident's Progress notes. Note when and what occurred, including the resident's response to the redirection.
7. If appropriate, consult with the resident's family member(s) for input and suggestions on how to handle the inappropriate behavior. Document the conversation in the resident's Progress notes.
8. If a resident has demonstrated a tendency to engage in inappropriate behavior, document the behavior on the resident's Service Plan, along with techniques that have been shown to be effective in addressing the behavior.
9. If a resident consistently engages in behaviors that put him/her at risk of ridicule and/or cause embarrassment, discomfort or alarm among others, a behavior management plan should be developed and implemented (see the section on Behavior Management Plans this manual).



MeadowSweet & GardenSong
BEHAVIOR MANAGEMENT PLANS

POLICY: Develop and implement Behavior Management Plans when residents exhibit patterns of disruptive or inappropriate behavior.

PROCEDURES:

1. The RN will develop Behavior Management Plans when residents exhibit patterns of behavior that are disruptive or inappropriate. Following are examples of such behavior:
 - Tapping repeatedly on the dining room table
 - Trying to enter other residents' apartments
 - Using verbally abusive language when staff attempt to provide assistance with bathing
2. Behavior Management Plans are typically developed when residents have some form of cognitive impairment (e.g., dementia, stroke, etc.), although they may also be used for residents who have other emotional difficulties (e.g., depression, anxiety or paranoia).
3. If a resident has exhibited disruptive or inappropriate behavior on a number of occasions and talking with the resident about the behavior has not been effective, a Behavior Management Plan may be indicated. Consult with the residents' family and prescriber for assistance in developing such a plan.
4. When developing a Behavior Management Plan, obtain input about the residents' behavior from as many sources as is appropriate (e.g., staff who work closely with the resident, legal representative, family, etc.), including the resident. Try to determine if there is a pattern to the behavior and/or something that seems to trigger the behavior. For example, does the behavior tend to occur:
 - At approximately the same time each day (e.g., before breakfast, at bedtime, etc.)?
 - Before, during or after similar events (e.g., birthday parties, assistance with showers, visits from a family member, etc.)?
 - When a particular person or persons are present (e.g., a certain staff member or volunteer, a family member, visiting children, etc.)?
5. Observe the behavior over a period of several days and keep a log of the behavior(s) to help accurately determine any patterns that are occurring. Document such observations in the resident's Progress notes.
6. Write down possible patterns and/or triggering events on a Behavior Management Plan



form, along with a description of the difficult behavior.

7. Obtain input from all pertinent sources (e.g., staff, family, resident, etc.) on possible alternatives to break the pattern, prevent the triggering event from occurring, or at least minimize the impact of the triggering event. Be as creative as possible, looking at this as a brain storming session (i.e., no idea is a bad idea). List all ideas generated on the Behavior Management Plan form.
8. Determine which idea(s) seem to represent the best possible solution (i.e., which alternative appears to have the closest link to the behavior). Write these idea(s) on the Behavior Management Plan form in the "Plan of Action" section.
9. Notify staff of the plan by incorporating all tasks related to the plan in the resident's Service Plan and on corresponding staff task lists.
10. Document the development and implementation of the plan in the resident's Progress notes and on the Staff Communication Log.
11. File the Behavior Management Plan in the Service Plan book behind the resident's Service Pan (all staff should review both the Behavior Management Plan and the revised Service Pan as the plan will be effective only if implemented consistently by all staff).
12. Monitor the residents' behavior to determine the effectiveness of the plan, documenting all observations in the resident's Progress notes.
13. If a Behavior Management Plan does not produce a desired change in behavior, consult with outside sources such MD, Psychologist, and/or Social Worker. It may be helpful to review the Behavior Management Plan and consult with a behavior management specialist, adding any new information regarding the pattern and/or any additional alternatives. It may also be helpful to begin the brainstorming process again. Depending on the extent of the revisions, changes may be made directly on the original plan, or a new plan may be developed.
14. If a behavior poses a risk of injury to the resident or to others, and the resident is competent to make independent decisions, entering into a Negotiated Risk Agreement as described in the Vermont Assisted Living Regulations (Sections 7.1 (d) and 9.1 – 9.5) with the resident is required (see the section in this manual on Negotiated Risk Agreements).
15. If neither a Behavior Management Plan nor Negotiated Risk Agreement is effective in reducing the severity of the behavior, the resident may need to move from EastView if he/she no longer meets the residency criteria (see the section on Discharge Policy in this manual).



**MeadowSweet & GardenSong
NEGOTIATED RISK AGREEMENTS**

POLICY: The RN shall initiate a Negotiated Risk Agreement for services when it is determined that a resident's decision, behavior or action places the resident or others at risk of harm (see Section 9 in the Vermont Assisted Living Residence Licensing regulations), provided that the resident is capable of understanding such an agreement. If the resident is not capable of making independent decisions, the residents' legal representative can enter into a Negotiated Risk Agreement on the resident's behalf.

PROCEDURES:

1. If a resident's decisions or requests may place him/her, others or property at risk, develop a Negotiated Risk Agreement with the resident. Following are examples of situations in which Negotiated Risk Agreements may be appropriate:
 - A resident has exhibited forgetfulness in taking his/her medication, but does not want staff to provide assistance with medication administration.
 - An insulin-dependent diabetic frequently chooses to eat regular desserts instead of the diabetic desserts offered to him/her.
 - A resident doesn't like to use his/her walker even though he/she has fallen several times as a result of his/her unsteady gait.
2. In completing a Negotiated Risk Agreement, first write the resident's name, unit number, and date at the top of the form.
3. Complete the "Issue(s) of Concern" section by stating the reason a Negotiated Risk Agreement is indicated (i.e. the behavior that has raised concern).
4. In the "Statement of the Resident's Desire/Preference" section, write the resident's preference in regards to the issue of concern (e.g. to continue to self-administer his/her medications; to continue to eat desserts, to continue to not use his/her walker).
5. Under "Possible/Probable Consequences of the Resident's Desire", state what might happen if the resident were to continue his/her pattern.
6. Under "Alternatives Offered to Minimize Risk", list all possible options which might reduce the risk associated with the resident's decisions and/or behavior.
7. In the section for "Final Agreement between Resident, Family/Significant Other(s), and Staff", state the agreed upon plan to minimize the risk to the resident and/or others while



still acknowledging the resident's preferences.

8. Incorporate the final agreement into the resident's Service Plan, and document any action taken as a result of the Negotiated Risk Agreement in the resident's Progress notes.
9. Place a copy of the Negotiated Risk Agreement in the resident's Service Record and inform staff of the Agreement via the Staff Communication Log and the resident's Progress notes.
10. Monitor the effectiveness of the agreement reached, and amend the agreement if necessary to include other options. If the Negotiated Risk Agreement is not effective in reducing the risk to the resident and/or others, it may be appropriate to review EastView's residency criteria to determine whether the resident may need to move to another setting.
11. If EastView and resident (or legal representative) are unable to reach a mutually agreed upon plan, EastView shall notify the state long term care ombudsman if the failure to reach agreement results in a notice of discharge (see Section 9.4 of the Vermont Assisted Living Residence Licensing regulations).



**MeadowSweet & GardenSong
WANDERING**

POLICY: Assess residents for their potential to wander and other difficult-to-manage behaviors prior to move-in and on an ongoing basis while residing at the MeadowSweet & GardenSong. Staff should be proactive in attempts to prevent wandering episodes and should follow established procedures if a resident should wander from the building.

PROCEDURES:

1. When an initial assessment is conducted on a prospective resident, his/her potential tendency to wander should be assessed. If an applicant has a demonstrated pattern of wandering from the location where the prospective resident is currently residing, he/she would not be considered appropriate for admission to MeadowSweet but will be considered for admission to GardenSong which is designed with a "Wander-guard" system.
2. If a resident develops a tendency to wander while residing at the MeadowSweet, he/she may no longer be appropriate for residency at MeadowSweet. The RN will reassess the resident's care needs to determine if MeadowSweet can meet his/her needs for safety. Discuss the situation with the resident and family member(s)/legal representative as appropriate.
3. When a resident lives on GardenSong, an alarm will sound if he/she tries to exit the building through an exit wired with the Wander-guard system. The system will also activate the call system pagers worn by resident assistants on duty at the building.
4. Exit doors in the building that are not wired for the Wander-guard system may be equipped with delayed egress with an alarm that will sound if a resident exits through the door. This alarm will also send a signal to the pagers worn by the resident assistants on duty at the building.
5. Other prevention strategies that should be used include taking attendance at shift change and asking residents and family to sign the Resident Leave Logout when leaving and returning to the building so staff knows when a resident's absence is not an emergency.
6. If an alarm from an exit door sounds, staff will respond immediately. The signal on the pager will indicate which door was exited. At least one staff member will approach that door to determine who left the building. If the resident who exited the door is still in close proximity to the building, the staff member should redirect him/her back into the building.
7. If the resident is no longer close to the building, the staff member should notify other



employees that he/she is going to leave the building to locate the resident. Employees should not leave the building if doing so would place any other residents in danger.

8. If an alarm sounds on an exit door and staff cannot determine if a resident has left the building, a "head count" will be conducted to determine that all residents are present and safe.
9. If a resident is not present and cannot be located, staff should contact the Administrator and follow instructions from him/her. Typically the local police department should be contacted, in addition to the residents' legal representative. Provide a photograph of the resident to the police department to facilitate the identification and safe return of the resident. Elopement Protocol should be initiated
10. After the resident has been located, document the incident in the resident's Progress notes. Complete an Incident Report form with appropriate agencies notified (see the section on Resident Incidents in this manual).
11. If a resident exhibits a repeated pattern of wandering (or attempting to wander) from the building, he/she may no longer be appropriate for residency at EastView. Discuss the situation with the resident's family member(s) as appropriate (see the section in this manual on Discharge Policy).



**MeadowSweet & GardenSong
Missing Resident/Elopement**

POLICY: EastView staff will maintain a safe, secure environment for all residents. GardenSong Memory Care Neighborhood utilizes a Wander-guard system to alert staff when a resident is attempting to leave, however there are ways to bypass the system for the purpose of emergencies. In the event that a resident cannot be accounted for during rounds, staff will follow the following elopement procedure.

PROCEDURES:

1. Prior to determining that a resident is missing, first look at the resident sign-out sheet to be sure the resident hasn't left the building for a planned outing.
2. Upon determining that a resident is missing, one person should take charge of the situation to direct staff where to search. This should first be the Health Services Director and if s/he is not present, then the Staff Nurse, then the Med Tech should take the lead.
3. All available staff will be utilized to search the inside of the building. This will include residential care staff, dining staff, housekeeping staff, maintenance, and Administrative staff.
4. Dining/kitchen staff will report to MeadowSweet and Facilities staff will report to GardenSong.
5. Staff should be directed to split up and systematically search all common areas, residential care apartments, and locked spaces.
6. Instruct staff to return to a common location in 15 minutes to reconvene. If the resident is not located, then redirect staff to search the immediate vicinity of the building outside. Two people searching outside should bring elopement kits (brown backpack located in staff station of MS and GS). All staff should return to a common location after another 15 minutes of searching.
7. If the resident is not located within 30 minutes, the Executive Director will make the decision to call 911 to summon assistance. The Executive Director or Health Services Director will contact the resident's family.



8. Elopement kits will contain a first aid kit, blanket, flashlight, bottle of water and resident photos.
9. For the evening shift (3pm-11pm) and the night shift (11pm-7am) Evening Supervisor or Med Tech will instruct staff to search their respective units and check back in 15 minutes. They will also direct an RCA to check the remainder of the Inn. If the resident is not found inside the Inn, the Med Tech will then direct an RCA to search outside, bringing with them the Elopement kit, cell phone & Walkie Talkie. The Med Tech will remain at the staff station. If resident is not found within 30 minutes, the Med Tech will call the Health Services Director and Executive Director. The Executive Director will make the decision to call 911 to summon assistance. The Executive Director or the Health Services Director will notify the resident's family.



POLICY: Mechanical restraints may only be used in an emergency to prevent injury to a resident or others and may not be used as an ongoing form of treatment. (See Section 5.14 of the Vermont Residential Care Home Licensing Regulations).

PROCEDURE:

1. Mechanical restraints include any equipment, material, or device applied to a resident or his/her environment to restrict his/her activity, such as full bed rails, gates, half doors, geri chairs, roll bars, dignity aprons, wrist and ankle restraints, vests, and pelvic restricts.
2. Mechanical restraints may be applied to a resident or his/her environment to restrict his/her activity **ONLY** in an emergency to prevent injury to the resident and/or others. If a temporary mechanical restraint is applied to a resident, a physician must be consulted immediately, with written approval for continuation of the restraint obtained.
3. The written physician's order for the restraint must include:
 - The resident's name
 - The date and time of the order
 - The reason for restraint
 - The means of restriction
 - The period of time the resident is to be restrained
4. Restraints must be removed at least every two hours when in use, with documentation provided in the resident's Progress notes each time the restraint is applied or removed. A resident in a restraint must be under continuous supervision by staff.
5. If a restraint is used, the RN must notify the licensing agency and the resident's representative within 24 hours and must reassess the resident within 72 hours to determine if the resident's needs can be met at MeadowSweet or GardenSong. This reassessment must include the physician and resident or resident representative.
6. If a chemical or mechanical restraint is used, the resident must be notified of his/her right to challenge the use of the restraint by meeting with the RN, the licensing agency, and/or the Commissioner of the licensing agency. If a resident does challenge the use of a restraint, EastView must inform the licensing agency at the time the challenge is raised.



MeadowSweet & GardenSong

ONE ON ONE CARE

POLICY: Nursing shall determine the need for one on one care for a resident based on risks associated in the "Managing Difficult Behavior" policy, within its subsections listed below. Shall a resident demonstrate behaviors listed in the subsections, the Behavioral Assessment Log will be initiated.

1. Inappropriate Behaviors
2. Have an established Behavior Management Plan
3. Have an established Negotiated Risk Agreement
4. Wandering Risk/Elopement
5. Behaviors indicated on Behavioral Log Form

Nursing will contact family regarding the need for one on one due to the presenting behaviors or elevated risk to self and others and based on the results of the Behavior Assessment Log form. Nursing will communicate with PCP regarding behavioral concerns and initiate a treatment plan. Evaluation and rule out of possible medical/organic issues. Nursing will evaluate residents' one on one status daily. When the resident has reached a score of less than one for greater than three days on the Behavior Assessment Log, then one on one may cease. Shall the resident maintain a score higher than two for greater than a week, the resident will be evaluated by nursing, PCP, and family for adjustments in the plan of care. Possible alternate placement or application of a level of care variance will be discussed. Shall the resident at any point demonstrate behavior that is unsafe to self or others, emergency placement may be indicated, and 911 called.

Cost of the one on one will be at the obligation of the family. EastView will assist with options available for one on one care.

ATTACHMENT 3

- a) 1:1 Resident Care policy
- b) Behavioral Assessment Log form



Behavior Assessment Log Resident Name: _____ DOB: _____ Shift: _____

	Mon	Tues	Wed	Thur	Fri	Sat	Sun	T o t
Elopement Pacing								
Triggers? Hungry? Incontinent? What was happening when behavior occurred? Time: _____								
Afraid/Panic								
Triggers? Hungry? Incontinent? What was happening when behavior occurred? Time: _____								
Screaming/ Yelling								
Triggers? Hungry? Incontinent? What was happening when behavior occurred? Time: _____								
Compulsive								
Triggers? Hungry? Incontinent? What was happening when behavior occurred? Time: _____								



Behavior Assessment Log Resident Name: _____ DOB: _____ Shift: _____

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	T O
Throwing food								
Triggers? Hungry? Incontinent? What was happening when behavior occurred? Time: _____								
Verbal outbursts								
Triggers? Hungry? Incontinent? What was happening when behavior occurred? Time: _____								
Crying								
Triggers? Hungry? Incontinent? What was happening when behavior occurred? Time: _____								
Totals								

Place a check mark for indicated behavior when the behavior occurs, document time it occurred, possible triggers, in each block daily. Please note if resident needed toileting, was hungry, in pain, or was incontinent. When the resident has reached a score of less than one for greater than three days on the Behavior Assessment Log, the one on one may cease, on approval of the DHS. Shall the resident maintain a score higher than two for greater than a week, the resident will be evaluated by nursing, PCP, and family for behavioral disturbance plan of care changes, possible alternate placement or application of a level of care variance. Shall the resident at any point demonstrate behavior that is unsafe to self or others, emergency placement may be indicated.



RESIDENT ABUSE

POLICY: EastView will not tolerate abuse, exploitation or neglect of residents. Any staff person who has knowledge of or suspects that a resident has been the victim of abuse, neglect or exploitation must make a report within 48 hours to Adult Protective Services / Division of Licensing and Protection (see Section 5.18 of the Vermont Residential Care Home Licensing Regulations).

PROCEDURES:

1. Abuse of residents may take many forms, including:
 - Any physical injury to a resident not caused by an accident (e.g., hitting, pinching, striking, or injury resulting from rough handling).
 - Neglect of a resident resulting in physical harm, discomfort or loss of the resident's dignity.
 - Unwanted sexual contact with another resident (or any sexual contact by a staff person with a resident).
 - Financial exploitation, including the illegal or improper use of a resident's resources or property for the profit or gain of another person and/or spending resident funds without the consent of the resident or his/her financially responsible party.
 - Verbal abuse, including the use of oral, written or gestured communication to a resident, or to a visitor or staff member about a resident within that resident's presence, that describes the resident in disparaging or derogatory terms.
 - Mental abuse including humiliation, harassment, threats of punishment or deprivation directed toward the resident.
2. Take any allegation of resident abuse by any individual (e.g., employee, other resident, family member, etc.) very seriously and report it immediately to Adult Protective Services.
3. If abuse is suspected, act immediately to protect the resident from any additional harm that may occur (e.g., moving the resident to another apartment, asking the individual accused of the abuse to not visit EastView for a specified amount of time, having someone stay with the resident always, reassigning staff, etc.).
4. If an employee is suspected of abuse, he/she should immediately separate him/herself from the resident he/she is accused of abusing (this does not indicate guilt but is a step in defusing a potentially volatile situation). Suspending the employee immediately, or reassigning staff pending the results of an investigation, may be appropriate (see the section on Suspension in the Personnel Policy and Procedure Manual).



5. The Administrator (or designee), Health Services Director should begin immediately to investigate the allegations. Speak with all involved parties, including all staff on duty at the time the abuse supposedly occurred, to determine what happened. Document all conversations (witnesses may also be asked to put their statements in writing).
6. Contact the Vermont Adult Protective Services (APS) within 48 hours (at 1-800-564-1612) to make a report if you have witnessed or suspect that a resident has been abused, neglected or exploited (as per Section 5.18 of the Vermont Residential Care Home Regulations).
7. A complaint of abuse may result in investigations from one or more agencies (e.g., Adult Protective Services, the Division of Licensing and Protection, Long-Term Care Ombudsman, police department, etc.). Cooperate fully with the individual(s) conducting the investigation(s), acting in a courteous, professional manner. Depending on the situation, seeking guidance from legal counsel and/or EastView's professional liability insurance agent may be appropriate.



MeadowSweet & GardenSong

**Residents Right to Refuse when Afflicted with Dementia or Behavioral Disturbances
POA/Guardian/Health Care Agent/Surrogate**

POLICY: Nursing shall review the residents most recent assessment, determine the level of cognitive function based on the SPMSQ (b.) admission questionnaire, review all documentation from PCP on cognitive function, evaluations, and assessments. A family and physician care plan meeting will be held to discuss and implement a plan of care shall the resident refuse, or any of the following occur:

1. The resident is incontinent and soiled with stool or urine and is unable to perform self-care.
2. The resident is incontinent and soiled with stool or urine and is handling the matter in a public setting.
3. The resident demonstrates the will to leave the facility.
4. The residents' behavior is putting others at risk of abuse.
5. The resident is putting himself at risk abuse.

Shall the resident be admitted or have a diagnosis of Dementia, Alzheimer's, Memory Loss, Cognitive Impairment, Behavioral Disturbances, or Physician diagnosed cognitive impairment, the POA/Guardian/Health Care Agent/Surrogate will be consulted regarding plan of care for the resident in question.

The POA/Guardian/Health Care Agent/Surrogate will be offered the Vermont Ethics Network (a.) contact information, website, handout, to assist them in choosing the plan of care. Nursing and the DHS will assist in planning and implementing the best outcome for the resident with cognitive impairment.

Source:

- a) Vermont Ethics Network: <http://www.vtethicsnetwork.org/making-medical-decisions-for-someone-else.html>
- b) Pfeiffer E. A short portable mental status questionnaire for the assessment of organic brain deficit in elderly patients. *J Am Geriatr Soc.* 1975;23(10):433-41.

ATTACHMENT 5

Resident's Right to Refuse when afflicted with Dementia or Behavior Disturbances policy

Short Portable Mental Status Questionnaire (SPMSQ)

Patient's Name: _____

Date: _____

Circle Appropriate
Description:

SEX: M F RACE: White Black Other
YRS OF EDUCATION: Grade School High School Beyond High School

Instructions: Ask questions 1 to 10 on this list and record all answers. (Ask question 4a only if the subject does not have a telephone.) All responses must be given without reference to calendar, newspaper, birth certificate, or other aid to memory. Record the total number of errors based on the answers to the 10 questions.

+	–	Questions	Instructions
		1. What is the date today? _____	Correct only when the month, date, and year are all correct.
		2. What day of the week is it? _____	Correct only when the day is correct.
		3. What is the name of this place? _____	Correct if any of the description of the location is given. "My home," the correct city/town, or the correct name of the hospital/institution are all acceptable.
		4. What is your telephone number? _____	Correct when the number can be verified or the subject can repeat the same number at a later time in the interview.
		4a. What is your street address? _____	Ask only if the subject does not have a telephone.
		5. How old are you? _____	Correct when the stated age corresponds to the date of birth.
		6. When were you born? _____	Correct only when the month, date, and year are correct.
		7. Who is the president of the United States now? _____	Requires only the correct last name.
		8. Who was president just before him? _____	Requires only the correct last name.
		9. What was your mother's maiden name? _____	Needs no verification; it only requires a female first name plus a last name other than the subject's.
		10. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down. _____	The entire series must be performed correctly to be scored as correct. Any error in the series—or an unwillingness to attempt the series—is scored as incorrect.

_____ Total Number of Errors

- 0 – 2 errors = *Intact Intellectual Functioning*
- 5 – 7 errors = *Moderate Intellectual Impairment*
- 3 – 4 errors = *Mild Intellectual Impairment*
- 8 – 10 errors = *Severe Intellectual Impairment*

(Allow one more error for a subject with only a grade school education. Allow one less error for a subject with education beyond high school. Allow one more error for African-American subjects, using identical educational criteria.)

Source:

Pfeiffer E. A short portable mental status questionnaire for the assessment of organic brain deficit in elderly patients. *J Am Geriatr Soc.* 1975;23(10):433-41.

Fire Drill / Training Log

Residence Name _____ Date _____ Time _____

Participating staff members _____

1. Was this is "silent" fire alarm drill? _____ yes _____ no

If yes:

Location of simulated fire _____

Did staff function properly and in accordance with the fire emergency? _____ yes _____ no

Comments _____

2. Was this an "audible" fire alarm drill? _____ yes _____ no

If yes:

Location and type of initiating device (e.g., pull station, smoke alarm, etc.) _____

Did the alarm sound properly? _____ yes _____ no

Comments _____

Exits used in drill

Place of resident evacuation _____

Total evacuation time _____ minutes

Number of residents participating _____

Number of "impractical" residents (not required to participate)

Fire Department Notified _____ yes _____ no (if required by the local fire marshal)

Comments _____

Administrator / Manager or Authorized Designee and Title

Date

Sample Assisted Living Residence
Accident Investigation Report

ATTACHMENT 6

Fire Drill Training/Log